

UNITED STATES DISTRICT COURT

DISTRICT OF MASSACHUSETTS

FILED  
CLERKS OFFICE  
JUN -7 P 12:18

FELIPE OTEZE FOWLKES,

PLAINTIFF,

CIVIL ACTION

VS.

#05-CV-11749

KATHLEEN M. DENNEHY, et, al

DEFENDANTS.

PROOF OF SERVICE

Plaintiff, Felipe Oteze Fowlkes, Pro Se, do hereby submit PROCESS Receipt and RETURN FROM U.S. MARSHALS SERVICE, Notice of Service on Defendant Scott Anderson. According to the Return Receipt defendant ANDERSON WAS SERVED with SUMMONS AND COMPLAINT ON 4-6-07 AT 10:15 A.M. (See ENCLOSED Notice of Service)

AS FOR defendants JOHN MARSHALL AND TIMOTHY HALL, AN October 30, 2006, PROOF OF SERVICE filed with the Court

-2-

shows that they were located and served at a different address. One in Concord and the other in Norfolk. See, enclosed copies of process receipts and returns on notices of services on them by U.S. Marshals Service by certified registered mail with return receipts.

In light of these proofs, the court is precluded from dismissing this action against either of these defendants except for defendant C.O. Martin who is reportedly deceased.

DATE: JUNE 1, 2007.

Respectfully Submitted,  
Felipe Oteze Fawkes

Felipe Oteze Fawkes  
#W84202:

SAUZA - BARANOWSKI CORR.  
P.O. BOX 8000: Shirley, MA  
01464

-2-

## CERTIFICATE OF SERVICE

I, FELIPE OTEZE FOWLKES, PLAINTIFF, PRO SE, hereby  
CERTIFY THAT ON THIS 1<sup>st</sup> DAY OF June 2007, I  
CAUSED A TRUE COPY OF THE FOREGOING "PROOF OF  
SERVICE" WITH SUPPORTING DOCUMENTS, TO BE  
SERVED ON THE DEFENDANTS ATTORNEY, DARYL  
F. GLAZER, BY PREPAID POSTAGED FIRST CLASS  
MAIL AT THE LEGAL DIVISION, D.O.C. 70 FRANKLIN  
STREET, SUITE 600, BOSTON, MA 02110.

DATED: JUNE 1, 2007.

Felipe Oteze Fowlkes

FELIPE OTEZE FOWLKES, PRO SE  
#W84202: SBCC: P.O. Box 8000  
Shirley, MA 01464

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF

F. L. OTEZ FAULKES

DEFENDANT

Scott Anderson

**SERVE**

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

**AT**

MYI-CONCORD, P.O. Box 1100 CONCORD, MA 01742

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

F. L. OTEZ FAULKES  
2007 BALDWIN ST. CONCORD, MA  
P.O. Box 800  
CONCORD, MA 01742Number of process to be  
served with this Form - 285

1

Number of parties to be  
served in this case

22

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All  
Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:

*John A. G. Jones*☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

339

DATE

7-31-06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**I acknowledge receipt for the total  
number of process indicated.  
(Sign only first USM 285 if more  
than one USM 285 is submitted)

Total Process

1

District  
of Origin  
No. 28District  
to Serve  
No. 34

Signature of Authorized USMS Deputy or Clerk

NT

Date

8/19/06

I hereby certify and return that ☒ I have personally served, ☐ I have legal evidence of service, ☐ I have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Joy Gustafson Secretary to Superintendent

Address (complete only if different than shown above)

146/111 Dussan Street, Concord, MA 01742

☐ A person of suitable age and dis-  
cretion then residing in the defendant's  
usual place of abode.

Date of Service

4/4/07

Time

10:15

am

pm

Signature of U.S. Marshal or Deputy

*[Signature]*

Service Fee

Total Mileage Charges  
(including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

Amount of Refund

157.50

48.50

206.60

REMARKS:

**NOTE**



U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>FELIPE OTEZE FOWLKES</b>	COURT CASE NUMBER <b>OS-11749-JLT</b>						
DEFENDANT <b>JOHN MARSHALL</b>	TYPE OF PROCESS						
<b>SERVE</b> ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>JOHN MARSHALL, ASST. DEPUTY COMMISSIONER, MASS. D.O.C.</b>						
<b>AT</b>	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>P.O. BOX 9125, W. CONCORD, MA 01742-9125</b>						
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW: <b>FELIPE OTEZE FOWLKES #W84202 QUIN BARANOWSKI CORR. CTR. P.O. BOX 8000 SHIRLEY, MA 01464</b>							
<table border="1"> <tr> <td>Number of process to be served with this Form - 285</td> <td><b>1</b></td> </tr> <tr> <td>Number of parties to be served in this case</td> <td><b>22</b></td> </tr> <tr> <td>Check for service on U.S.A.</td> <td><b>1</b></td> </tr> </table>		Number of process to be served with this Form - 285	<b>1</b>	Number of parties to be served in this case	<b>22</b>	Check for service on U.S.A.	<b>1</b>
Number of process to be served with this Form - 285	<b>1</b>						
Number of parties to be served in this case	<b>22</b>						
Check for service on U.S.A.	<b>1</b>						

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service);  
Fold

This is his newly discovered address. He was NOT located by your service on 8-10-06 and is hereby located to be served.

Signature of Attorney or other Originator requesting service on behalf of: <b>Felipe Oteze Fowlkes</b>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE <b>10-3-06</b>
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**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process <b>1</b>	District of Origin No. <b>35</b>	District to Serve No. <b>35</b>	Signature of Authorized USMS Deputy or Clerk <b>[Signature]</b>	Date <b>10/3/06</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	
Date of Service	Time
Signature of U.S. Marshal or Deputy	

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: **Process served by Court Marshal at 10/3/06**

NOTE

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHN MARSHAL, ASSIST. DEPUTY  
 COMMISSIONER MASS D. O. C.  
 PO BOX 9125  
 W. CONCORD, MA 01742-9125

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

*AGILLA*☒

Agent

☐ Addressee

B. Received by (Printed Name)

*AGILLA*

C. Date of Delivery

*10/13/07*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☒ No

3. Service Type

☒ Certified Mail☐ Express Mail☒ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from serv)

7006 0810 0001 5815 5876

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	FELIPE OTEZE FOLKES	COURT CASE NUMBER	05-CV-11749-JLT
DEFENDANT	TIMOTHY HALL	TYPE OF PROCESS	
<b>SERVE</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC.: TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	TIMOTHY HALL, ASST. DEPUTY COMMISSIONER, MA. D.O.C.		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
<b>AT</b>	INDUSTRIES DRIVE: P.O. Box 188, NORFOLK, MA 02056		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
FELIPE OTEZE FOLKES #1084302		Number of parties to be served in this case	
SUZA-CARANDUSKI CORR. CTR.		Check for service on U.S.A.	
P.O. Box 8000			
Shirley, MA 01464			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

This is his newly discovered address. He was NOT located by your service on 8-10-06 and is hereby located to be served.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Felipe Oteze Folkles			10-3-06

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
	1	No. 38	No. 38	Harry Palamara	10/12/06

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service
	Time
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS: Process served by cert mail at 10/12/06

**NOTE**

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TIMOTHY HALL, ASSIST. DEPUTY  
 COMMISSIONER MASS. D. O. C.  
 INDUSTRIES DRIVE  
 PO BOX 188  
 NORFOLK, MA 02056

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *John Santos* ☒ Agent  
☐ Addressee

B. Received by (Printed Name)

*John Santos*

C. Date of Delivery

*10/16/01*D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail  
☒ Registered ☒ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

(Transfer from service)

7006 0810 0001 5815 5791